Saskatchewan
Health

MOOSE JAW -

ASSINIBOIA - GRAVELBOURG

HEALTH REGION
#2

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ANNUAL REPORT

1989 - 1990

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MOOSE JAW-ASSINIBOIA-GRAVELBOURG HEALTH REGION NO. 2

REGIONAL BOARD OF HEALTH MEMBERS

HEALTH DISTRICT NO. 1 - CITY OF MOOSE JAW

Councillor J. Hunchuk
City Hall
228 Main Street North
Moose Jaw, Saskatchewan
S6H 3J8

Councillor M. Shaw
Legal Aid
113-110 Ominica St. W.
Moose Jaw, Saskatchewan
S6H 6V2

Councillor M. Stern
City Hall
228 Main Street North
Moose Jaw, Saskatchewan
S6H 3J8

HEALTH DISTRICT NO. 2 - MOOSE JAW RURAL

Mrs. Donna Smith
Box 42, Sub. #1
Moose Jaw, Saskatchewan
S6H 5V0

Home Telephone: 693-2644

Mr. Bob Lowe
Box 1446
Moose Jaw, Saskatchewan
S6H 4R3

Home Telephone: 694-0924

HEALTH DISTRICT NO. 3 - CENTRAL BUTTE

Mr. Doug McGregor
Chairman
Regional Board of Health
Box 2000
Central Butte, Saskatchewan
S0H 0T0

Business Telephone: 796-2000

Mrs. Bea Songer
Riverhurst, Saskatchewan
S0H 3P0

Telephone: 353-4510

HEALTH DISTRICT NO. 4 - ASSINIBOIA

Mr. B. M. Romansky
Vice-Chairman
Regional Board of Health
Fir Mountain, Saskatchewan
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Mr. Pete Striha
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Mr. Doug Thompson
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S0H 0B0

Home Telephone: 642-4351

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HEALTH DISTRICT NO. 4 - GRAVELBOURG

Mr. Dave Myles, Jr.
Box 10
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Mr. Vern Richmond
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Home Telephone: 648-2958

HEALTH DISTRICT NO. 6 - ROCKGLEN

Mrs. Jacqueline Paterson
Box 261
Willow Bunch, Saskatchewan
S0H 4K0

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MOOSE JAW-ASSINIBOIA-GRAVELBOURG

HEALTH REGION NO. 2

REGIONAL HEALTH COUUNCIL REPRESENTATIVES - 1990

HEALTH DISTRICT NO. 1

City of Moose Jaw	- Councillor J. Hunchuk, 228 Main St. N., MOOSE JAW	S6H 3J8
(City Hal)	- Councillor M. Shaw, 228 Main St. N., MOOSE JAW	S6H 3J8
	- Councillor M. Stern, 228 Main St. N., MOOSE JAW	S6H 3J8

HEALTH DISTRICT NO. 2 - MOOSE JAW RURAL

Town of Rouleau	- Mrs. Genevieve Larson, ROULEAU	SOG 4HO
Village of Avonlea	-	
Village of Briercrest	-	
Village of Caronport	- Mrs. Anne Appleby, CARONPORT	SOH OSO
Village of Drinkwater	-	
Village of Keeler	-	
Village of Marquis	- John R. Guillaume, MARQUIS	SOH 2XO
Village of Spring Valley	- Charlotte Gamble, SPRING VALLEY	SOH 3XO
Village of Sun Valley	-	
Village of Tuxford	-	
R.M. of Elmsthorpe #100	-	
R.M. of Terrell #101	- Brian Jordison, CARDROSS	SOH OPO
R.M. of Redburn #130	- Gordon K. Cameron, BRIERCREST	SOH OKO
R.M. of Baildon #131	- Bob Lowe, Box 1446, MOOSE JAW	S6H 4R3
R.M. of Hillsborough #132	- Mrs. Donna Smith, Box 42, Sub 1, MOOSE JAW	S6H 5VC
R.M. of Moose Jaw #161	- James A. Smith, Box 666, MOOSE JAW	S6H 4P4
R.M. of Caron #162	- Earl A. Bumphrey, Box 1402, MOOSE JAW	S6H 4R3
R.M. of Marquis #191	-	

HEALTH DISTRICT NO. 3 - CENTRAL BUTTE

Town of Central Butte	- Doug McGregor, Box 2000, CENTRAL BUTTE	SOH OTC
Town of Herbert	-	
Town of Morse	- Lawrence S. Toews, Box 59, MORSE	SOH 3CC
Village of Brownlee	-	
Village of Chaplin	-	
Village of Coderre	-	
Village of Ernfold	-	
Village of Eyebrow	-	
Village of Hodgeville	-	
Village of Mistusinne	-	
Village of Mortlach	-	
Village of Riverhurst	- Mrs. Bea Songer, Riverhurst	SOH 3PC
Village of Shamrock	- Mr. Rene Fortin, Box 100, SHAMROCK	SOH 3WC
Village of Tugaske	-	
R.M. of Rodgers #133	-	
R.M. of Shamrock #134	-	
R.M. of Lawtonia #135	- Mr. Arlen Stolson, Box 176, HODGEVILLE	SOH 2BC
R.M. of Wheatlands #163	-	
R.M. of Chaplin #164	- Albert Smith, CHAPLIN	SOH OVC
R.M. of Morse #165	- Mr. Don Jahnke, Box 90, MORSE	SOH 3CC
R.M. of Eyebrow #193	-	
R.M. of Enfield #194	-	
R.M. of Huron #223	-	
R.M. of Maple Bush #224	- Bea Songer, RIVERHURST	SOH 3PC

HEALTH DISTRICT NO. 4 - ASSINIBOIA

Town of Assiniboia	-	
Town of Mossbank	- Mr. Wm. McKenzie, MOSSBANK	SOH 3GO
Town of Ogema	- John Yung, OGEMA	SOC 1YO
Village of Glentworth	- Muriel Greffard, GLENTWORTH	SOH 1VO
Village of Limerick	-	
Village of Mazenod	-	
Village of Viceroy	-	
Village of Wood Mountain	- Mr. Wm. Mielke, WOOD MOUNTAIN	SOH 4LO
R.M. of Old Post #43	- Clem Martina, Box 1377, ASSINIBOIA	SOH 0BO
R.M. of Waverley #44	- Dean Eklund, GLENTWORTH	SOH 1VO
R.M. of Key West #70	- Paul Olarie, KAYVILLE	SOH 2CO
R.M. of Excel #71	-	
R.M. of Lake of the Rivers #72	-	
R.M. of Stonehenge #73	-	
R.M. of Lake Johnston #102	- Mr. Doug Thompson, Box 1499, ASSINIBOIA	SOH 0BO
R.M. of Sutton #103 Twps. 10,11,12, Rge 1&2, W3	- Mr. Renaud LaRochelle, Box 891, GRAVELBOURG	SOH 1XO

HEALTH DISTRICT NO. 5 - GRAVELBOURG

Town of Gravelbourg	- Aline Mulatz, Box 447, GRAVELBOURG	SOH 1XO
Town of Lafleche	- David J. Williamson, Box 424, LAFLECHE	SOH 2KC
	-	
Village of Hazenmore	-	
Village of Kincaid	-	
Village of Mankota	-	
Village of Meyronne	-	
Village of Palmer	-	
Village of Woodrow	-	
R.M. of Mankota #45	- Lonnie Goodwin, McCORD	SOH 2TC
R.M. of Wood River #74	- Paul M. Klein, Box 357, LAFLECHE	SOH 2KC
R.M. of Pinto Creek #75	- Wayne Condie, Box 98, KINCAID	SOH 2JC
R.M. of Sutton #103, Twps 10,11,12, Rge 3, W3	- Mr. Dave Myles Jr., Box 10, CODERRE	SOH 1XC
R.M. of Gravelbourg #104	- Mr. Vern Richmond, Box 218, GRAVELBOURG	SOH 1XC
R.M. of Glen Bain #105 Twps 10,11,12 Rge 7, W3	- Mr. Ronald Miller, GLENBAIN	SON 0XC

HEALTH DISTRICT NO. 6 - ROCKGLEN

Town of Bengough	-	
Town of Coronach	-	
Town of Rockglen	- Mr. Rodney Heagy, ROCKGLEN	SOH 3RC
Town of Willow Bunch	-	
Village of Fife Lake	-	
Village of St. Victor	-	
R.M. of Happy Valley #10	- Louise A. Brown, Box 39, BIG BEAVER	SOH 0GC
R.M. of Hart Butte #11	-	
R.M. of Poplar Valley #12	- Joan Gagne, Box 208, CORONACH	SOH 0ZC
R.M. of Bengough #40	- Richard E. Thompson, BENGOUGH	SOC 0KC
R.M. of Willow Bunch #42	- Wilfred Farwell, ST. VICTOR	SOH 4KC

MISSION STATEMENT

WORKING TOGETHER

FOR HEALTH

AND

WELL BEING

REPORT OF THE MEDICAL HEALTH OFFICER AND REGIONAL DIRECTOR

- Dr. W. S. E. Jones

The 1990 year marks my second year and I report some forward leaps in this region on the whole.

The Community Health Services Branch now consists of Prevention and Treatment Services. The Medical Health Officer and Regional Director remains head of Prevention which consists of Nursing, Early Childhood Psychologist, Public Health Inspectors, Speech and Language Pathologists, Dental health Educator, Nutritionist and Director of Regional Support Services.

I believe with on-going demonstrations, Board Members have become much more informed in all disciplines role in the regions. There has been an improvement in communication between individual board members and the regional office.

In the previous year, the Board elected Drug Awareness as the subject for the keynote.

STAFF:

As of March 31, 1990, staff in the region consisted of:

MOOSE JAW -

Medical Health Officer and Regional Director

Dr. W. S. E. Jones (Shared with Swift Current Health Region No. 1)

Public Health Nursing

Mrs. Donna Robinson, Acting Regional Nursing Supervisor
Miss Charlotte Miller, Acting Public Health Nurse II

Public Health Nurse I's

Mrs. Kathy Filipowich (Part-Time)
Mrs. Vicki Gauvin
Mrs. Janice Green (Part-Time)
Mrs. Jean Haukaas
Mrs. Marilyn Johnson
Mrs. Lynn Macdiarmid
Mrs. Vivian Meikle
Mrs. Isabel Moore
Miss DeLee Vataman

Public Health Inspection

Mr. John Bower, Senior Public Health Inspector
(Shared with Swift Current Health Region No. 1)

Public Health Inspectors

Mr. Hugh Coupland
Mr. Tim Ness

Chiropody (Treatment Services Branch)

Chiropodist

Dr. Audrey Ivanauskas

Certified Nursing Assistant

Mrs. Lin Rutledge

Early Childhood Psychologist

Miss Suzanne Schulz (Shared with Swift Current Health Region No. 1)

Speech and Language Pathologists

Mrs. Lori Durand
Mrs. Bonnie Robertson (Part-Time)

Dental Health Educator

Mrs. Sheree Nicolay

Director of Support Services

Mr. Alvin Tkatchuk (Shared with Swift Current Health Region No. 1)

Nutritionist

Miss Laurie Wadsworth (Shared with Swift Current Health Region No. 1)

Secretarial

Miss Pat Watling, Clerk Steno IV
Mrs. Dawn Aaro, Clerk Typist II
Mrs. Cheryl Cunningham, Clerk Typist II
Mrs. Michelle Ness, Clerk Typist II (Part-Time)
Mrs. Ivy Kjarsgaard, Clerk Typist II (Treatment Services Branch)

ASSINIBOIA DISTRICT OFFICE -

Secretarial

Mrs. Dianne Kessler, Clerk Typist II (Part-Time)
Mrs. Cathy Young, Clerk Typist II (Casual)

Public Health Nurse I's

Miss Jacquie Bitz
Mrs. Debbie Monea
Miss Leisa Vaessen

Community Therapist (Treatment Services Branch)

Mrs. Gayleen Thomson

CENTRAL BUTTE DISTRICT OFFICE -

Public Health Nurse I

Mrs. Janice O. Berger

GRAVELBOURG DISTRICT OFFICE -

Public Health Nurse I

Mrs. Gwen Frank
Mrs. Karen Lehmann

MORSE DISTRICT OFFICE -

Public Health Nurse I

Mrs. Esther Sigurdson

Saskatchewan Hearing Aid Plan - Moose Jaw (Treatment Services Branch)

Audiologist

Mrs. Pat Sahl

Audiometric Technician

Mrs. Lunette Swystun

The Serving People First Committee operating under Systems and Strategies Committees have decided to combine and form a single committee. Many of the requests by this committee have been granted. A few are still being considered at executive level at the Central Office.

HEALTH EDUCATION

Requests for presentations are now increasing notably that for AIDS. Other recent requests made include Smoking Awareness and Teen Pregnancy.

Immunization Seminar was conducted for staff of hospitals and home care institutions this year with a very favourable evaluative response.

There were two occasions this year when Prevention Services were invited to join Health Treatment (Hospitals) in Continuing Medical Education. The first was Health Status in Saskatchewan and the second was Prematurity.

Health talks are conducted wherever and whenever possible. For example, there is no better place than in small rural hospitals to highlight awareness of teenage pregnancy as to make a 15 to 20 minute speech to the Medical Advisory Committee. Moreover for this to be effective, repeated referrals to the subject is necessary to maintain this awareness in time.

The reporting of Sexually Transmitted Diseases from physicians is improving. However, a fair amount of reminders need still to be done. As mentioned in our meetings before, those Municipal Representatives who are on hospital boards could be most helpful in improving the reporting process by bringing this up in their hospital board meeting.

A survey on the dissemination of information (hospitals and home care facilities) revealed more than adequate information was being exchanged between the various institutions.

A further survey on smoking, at the same time, on efforts being made by the above mentioned institutions revealed a varying amount of effort and dedication is being applied on the whole. One hospital will be completely smoke-free as of June, 1990.

Programmes have continued as per 1988 - 1989. However, we have been fortunate to be included in new programmes such as Heart Health Survey and Postnatal Education Support Programme.

The choice of Everyone Wins Projects is now made at the community level by the Regional Board of Health in tune with the modern and worthy concept of community development.

The Medical Health Officer is pleased to report he represents Prevention Services at the Perinatal Education Committee. He also represented the branch at the Regionalization of Reproductive Care and Forum on Families Conferences.

May 12th was proclaimed Canada Health Day this year by his Worship, the Mayor Stan Montgomery. By this means, highlighting Primary Health Care and the need for exercising responsibility towards one's health.

At the Saskatchewan Public Health Association Annual Meeting in April of this year, the theme was on the Environment. During this conference, several speakers called for a greater cooperation and coordination between the Departments of Community Health, Prevention Services Branch, and the Department of Environment.

I shall direct your attention to some statistics in the following pages.

However, before closing let me take this opportunity of thanking both the Board and members of staff for their cooperation during the past year in working together for health and well-being.

Dr. W.S.E. Jones, M.B; D.P.H.; M.R.C.O.G.
Medical Health Officer and Regional Director

TABLE I

NUMBER OF DEATHS (ICDA IN E850-E869 OR E880-E929)
OCCURING IN SASKATCHEWAN IN 1989
BY LOCATION OF DEATH AND CAUSE OF DEATH

	HOME	FARM	MINE QUARRY	INDST. PLACE	SPORT PLACE	HWY.	PUBLIC BLDG	RESID. INST.	OTHER	NOT SPEC.	NOT AVAIL.	TOTAL
ALL CAUSES OF DEATH	84	19	1	6		6	3	26	14	38	17	214
E48 ACCIDENTAL POISONING	13	2		1			1	1		2	3	23
E50 ACCIDENTAL FALLS	50	2		2		3		21		15		93
E51 ACCIDENTS CAUSED BY FIRES & FLAMES	8						1		1		3	13
E52 OTHER ACCIDENTS,LATE EFFECTS	13	15	1	3		3	1	4	13	21	11	85

The home is the most common location of accidential deaths.

TABLE II

TOTAL NUMBER OF VITAL EVENTS OCCURRING IN SASKATCHEWAN IN 1989
BY HEALTH REGION

HEALTH REGION	BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
TOTAL FOR PROVINCE	16572	7861	129	79	114	52	7.78	6.86
# 1 SWIFT CURRENT	503	357	5	4	6	3	9.94	11.86
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	978	623	9	6	7	2	9.20	7.14

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There is a slight rise in the Perinatal Mortality rate for Moose Jaw. However, from statistics it has been shown that the biggest cause for this is due to unspecified and unknown causes followed by low birth rate. Therefore, attention to the latter two categories could subsequently reduce morbidity, as for example, avoidance of smoking and alcohol during pregnancy.

Fetal mortality is now reduced to probably as far as reasonably possible. Fetal morbidity now needs much greater attention.

TABLE III

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1989
FOR HEALTH REGION # 3 WEYBURN-ESTEVAN

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	467	269	198	4	5	3	1	16	4	35	19	53	35	158	134
08 M N OF LIP,ORAL CAVITY,PHARYNX	2	1	1	0	0	0	0	0	0	0	0	0	0	1	1
09 M N OF DIGESTIVE ORGANS,PERITONEUM	28	14	14	0	0	0	0	1	1	3	1	1	3	9	9
10 M N OF RESPIRATORY & RELATED ORGANS	20	14	6	0	0	0	0	0	0	4	2	4	3	6	1
11 M N OF BONE,SKIN,BREAST	10	2	8	0	0	0	0	0	0	0	2	1	2	1	4
12 M.N. OF GENITOURINARY ORGANS	12	7	5	0	0	0	0	0	0	1	2	1	1	5	2
13 M N OF OTHER & UNSPECIFIED SITES	7	3	4	0	0	0	0	0	0	0	1	1	0	2	3
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	10	6	4	0	0	0	0	0	0	2	0	2	2	2	2
15 BENIGN NEOPLASM	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0
17 OTHER & UNSPECIFIED NEOPLASM	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0
18 ENDOCRINE & METABOLIC DISEASES	8	4	4	0	0	0	0	0	0	0	0	1	1	3	3
19 NUTRITIONAL DEFICIENCIES	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
20 DIS OF BLOOD/FORMING ORGANS	2	1	1	0	0	0	0	0	0	1	0	0	0	0	1
21 MENTAL DISORDERS	5	4	1	0	0	0	0	0	0	1	1	3	0	0	0
22 DISEASES OF THE NERVOUS SYSTEM	11	7	4	0	0	0	0	1	0	1	0	0	3	5	1
25 RHEUMATIC FEVER/HEART DISEASE	3	1	2	0	0	0	0	0	0	0	1	0	0	1	1
26 HYPERTENSIVE DISEASE	6	4	2	0	0	0	0	0	0	0	0	1	0	3	2
27 ISCHAEMIC HEART DISEASE	108	65	43	0	0	0	0	0	0	8	3	16	6	41	34
28 PULMONARY & OTHER HEART DISEASE	44	19	25	0	1	0	0	1	0	3	1	1	4	14	19
29 CEREBROVASCULAR DISEASE	40	22	18	0	0	0	0	1	0	4	1	4	4	13	13
30 OTHER DISEASES OF CIRCULATORY SYSTEM	10	6	4	0	0	0	0	0	0	0	0	2	1	4	3
32 OTHER DISEASES OF RESPIRATORY SYSTEM	54	37	17	0	0	0	0	0	0	3	1	7	2	27	14
34 OTHER PARTS OF DIGESTIVE SYSTEM	22	10	12	0	0	0	0	0	1	1	0	2	2	7	9
35 DISEASES OF URINARY SYSTEM	11	7	4	0	0	0	0	0	0	0	0	2	0	5	4
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0
44 CONGENITAL ANOMALIES	2	2	0	2	0	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	9	5	4	1	1	0	0	0	0	0	0	0	0	4	3
E47 TRANSPORT ACCIDENTS	14	10	4	1	0	1	1	7	1	0	2	0	0	1	0
E48 ACCIDENTAL POISONING	4	4	0	0	0	1	0	1	0	0	0	2	0	0	0
E49 MISADVENTURES DURING MEDICAL CARE	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
E50 ACCIDENTAL FALLS	5	3	2	0	0	1	0	0	0	1	0	0	0	1	2
E52 OTHER ACCIDENTS,LATE EFFECTS	7	5	2	0	1	0	0	3	0	1	0	0	0	1	1
E54 SUICIDE AND SELF-INFLICTED INJURY	2	2	0	0	0	0	0	0	0	0	0	2	0	0	0
E55 HOMICIDE & INTENTIONAL INJURY	3	1	2	0	2	0	0	1	0	0	0	0	0	0	0
E56 OTHER VIOLENCE	3	2	1	0	0	0	0	0	1	1	0	0	0	1	0

The most common cause of death is due to ischaemic (Coronary artery) disease followed by pulmonary and other heart disease. It is noted more women than men die of pulmonary and other heart disease. In fact, in the past few years the figures for the latter have been rising. This is due to the increase in the number of women who now smoke tobacco.

TABLE IV

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1989
BY MOTHER'S AGE, MARITAL STATUS AND HEALTH REGION

		TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
TOTAL FOR PROVINCE	TOTAL	16572	29	1656	4327	6314	3345	801	95	5
	MARRIED	12107	1	233	2638	5429	3017	704	80	5
	OTHER	4465	28	1423	1689	885	328	97	15	
# 1 SWIFT CURRENT	TOTAL	503		29	114	240	90	28	2	
	MARRIED	437		4	92	231	83	25	2	
	OTHER	66		25	22	9	7	3		
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	TOTAL	978		77	284	378	190	43	5	1
	MARRIED	796		15	223	342	174	37	4	1
	OTHER	182		62	61	36	16	6	1	

There were no births in Health Region No. 2 (Moose Jaw) for the 10 - 14 year olds.
The teenage births account for 1 in 10 births in the province.

TABLE V

NUMBER OF BIRTHS
OCCURRING IN SASKATCHEWAN IN 1989
BY MOTHER'S AGE, MARITAL STATUS AND BIRTH WEIGHT

		<2500 GRAMS	2500+ GRAMS	TOTAL	PERCENT <2500
TOTAL	TOTAL	872	15700	16572	5.3
	MARRIED	583	11524	12107	4.8
	OTHER	289	4176	4465	6.5
10-14	TOTAL	0	29	29	0.0
	MARRIED	0	1	1	0.0
	OTHER	0	28	28	0.0
15-19	TOTAL	110	1546	1656	6.6
	MARRIED	16	217	233	6.9
	OTHER	94	1329	1423	6.6
20-24	TOTAL	203	4124	4327	4.7
	MARRIED	113	2525	2638	4.3
	OTHER	90	1599	1689	5.3
25-29	TOTAL	315	5999	6314	5.0
	MARRIED	255	5174	5429	4.7
	OTHER	60	825	885	6.8
30-34	TOTAL	185	3160	3345	5.5
	MARRIED	158	2859	3017	5.2
	OTHER	27	301	328	8.2
35-39	TOTAL	46	755	801	5.7
	MARRIED	33	671	704	4.7
	OTHER	13	84	97	13.4
40-44	TOTAL	11	84	95	11.6
	MARRIED	6	74	80	7.5
	OTHER	5	10	15	33.3
45-49	TOTAL	2	3	5	40.0
	MARRIED	2	3	5	40.0

Demonstrates low birth weight is not related to teen births.

TABLE VI

REPORTED CASES OF COMMUNICABLE DISEASES

DISEASE	1985	1986	1987	1988	1989
Hepatitis A	16	15	0	0	4
Hepatitis B	3	1	0	1	3
Hepatitis B Carrier	1	1	0	0	1
Measles	0	41	8	2	0
Mumps	1	0	3	3	0
Hemophilus Meningitis	0	2	1	1	4
Rubella	1	2	4	2	0
Salmonellosis	12	26	19	12	12
Shigellosis	2	9	1	0	0
Campylobacter Infections	0	17	6	18	17
Tuberculosis - Respiratory	2	2	2	1	4
Tuberculosis - Other	0	0	2	0	0
Chickenpox				0	3
Food Poisoning				0	0
Gastro-Ecoli 0157				1	8
Giardiasis				18	24
Meningitis Pneumococccal				0	2
Meningitis Viral				0	1
Meningococcal Infections				0	0
Pertussis				0	0

It is of note over the past five years, Region No. 2 has experienced a drop in Hepatitis A, Hepatitis B, Salmonellosis and measles. Campylobacter and Giardiasis appear to be running at the same level. Respiratory tuberculosis show a rise in 1989.

TABLE VII

REPORTED CASES OF SEXUALLY TRANSMITTED DISEASES

DISEASE	1985	1986	1987	1988	1989
AIDS	0	4	0	0	0
Chlamydia Infection	0	121	156	161	102
Gonorrhea	45	44	53	36	8
Human Papilloma Virus				3	0
Molluscum Contageosum				0	0
NGU				1	0
Syphilis - Early	0	1	1	0	0
Syphilis - Other	1	1	0	4	0

Chlamydia Infection rate dropped considerably. Gonorrhea shows quite a drop in incidence. There were no cases of Syphilis or H.I.V. reported in this region.

TABLE VIII

TEENAGE BIRTH RATES FOR SPECIFIED AREAS

1986 - 1989

	10 - 14	15 - 19
Moose Jaw Health Region		
1986	0.43	39.71
1987*	0.41	42.38
1988*	0.41	33.48
1989	--	17.11
Swift Current Health Region		
1986	--	15.69
1987*	0.57	15.40
1988*	0.56	19.47
1989	--	8.56
Saskatchewan		
1986	0.49	44.93
1987	0.95	43.31
1988*	0.93	40.86
1989	0.36	21.26
Canada		
1986	0.24	22.73
1987*	0.27	22.54
1988*	N/A	N/A
1989	N/A	N/A

Birth rate is calculated as the number of births per 1,000 females in the specified age group.

Covered Population for 1986, 1987, 1988 and 1989 was used to calculate rates for Moose Jaw and Swift Current Health Regions and for Saskatchewan.

Statistics Canada Postcensal Estimates were used to calculate rates for Canada.

* Preliminary Data. N/A Not Available.

Shows a fall in birth for Health Region No. 1 and 2.

It should be noted a province-wide teen pregnancy programme was reinstated on the 1st April 1989.

REPORT OF THE CHIROPODY PROGRAMME

Dr. Audrey A. Ivanauskas

The 1989 - 1990 year has seen a change in the delivery administration of the programmes under Community Health Treatment Services Branch, notable Chiropody, Saskatchewan Hearing Aid Plan (SHAP), Saskatchewan Aids to Independent Living (SAIL), and the Community Therapy Programme. Coordination and supervision of support services for these programmes, have come under my jurisdiction, and I welcome Mrs. Ivy Kjarsgaard, Clerk Typist II, to that position.

Within the Chiropody Programme, Mrs. Lin Rutledge (CNA), remains in her position as the Chiropody Assistant. I would like to thank both Lin and Ivy for their continued hard work and dedication. My thanks also go to the other clerical staff for their help and support in both the programme delivery and coverage of Treatment Branch duties.

The Chiropody Programme, now established for over six-years, deals with the diagnosis and treatment of foot problems, using medical, mechanical or minor surgical means. The service is freely available to anyone with a current Saskatchewan Health Services Card. Referrals are received from Physicians, Public Health Nurses, Home Care Coordinators and the Victorian Order of Nurses.

The main clinic is located in Moose Jaw, with additional services available from two satellite clinics located in Assiniboia and Central Butte. The satellite clinics are serviced monthly, though may be increased as demand necessitates.

Educational workshops and seminars continue to be available for any organisations, institutions, or interested groups. Several were given this year ranging from a senior citizens group to University of Saskatchewan Nursing Students, Nursing Homes, Hospitals and Special Care Homes. It reiterates the facts that both staff and residents change and continuing education is a vital necessity.

In closing, we look forward to another productive and fulfilling year.

CHIROPODY STATISTICS

MOOSE JAW - ASSINIBOIA - CENTRAL BUTTE

CATEGORY DEFINITIONS:

Category 1 = Medically at risk, elderly (65+)
Category 2 = Medically at risk, general population
Category 3 = Well elderly
Category 4 = General population

MOOSE JAW	CAT.1	CAT.2	CAT.3	CAT.4	TOTAL
New Referrals	89	49	173	197	508
Total patient Visits	686	554	1049	963	3252
Discharges	82	47	142	120	391

ASSINIBOIA	CAT.1	CAT.2	CAT.3	CAT.4	TOTAL
New Referrals	16	4	21	12	53
Total patient Visits	60	21	112	57	250
Discharges	10	3	16	9	38

CENTRAL BUTTE	CAT.1	CAT.2	CAT.3	CAT.4	TOTAL
New Referrals	10	4	14	21	49
Total patient Visits	60	18	85	64	227
Discharges	5	11	9	17	42

Orthotic Prescriptions = 44
Insoles Manufactured = 60
Nail Surgeries = 46

REPORT OF THE PUBLIC HEALTH COMMUNITY THERAPY PROGRAMME

- Mrs. Gayleen Thomson

The Community Therapy Program was implemented by Saskatchewan Health in October, 1986.

Community therapists are either occupational therapists or physiotherapists, who offer communities consultation, education and rehabilitation services. These services are aimed to improve the independence, productivity and quality of life for people with physical and functional disabilities.

I began working as a full-time physiotherapist in the community setting in February, 1988. My work started as a challenge to improve the quality of rural peoples' lives and this challenge continues today. This past year in particular has been quite challenging and rewarding as the demand for community therapy services has grown.

The following communities received my service: Assiniboia, Lafleche, Gravelbourg, Kincaid, Mankota, Rockglen, Coronach and Bengough.

Over the course of the last year the following was accomplished:

- 372 new patients were assessed and treated.

- 1952 attendances were made by patients to physiotherapy. These include inpatients, outpatients nursing home residents and visits made in the homes of people.

- Inservices/workshops were presented to staff of hospitals and nursing homes:
  - -Respiratory workshop
  - -Range of Motion and Positioning inservice
  - -Back Care inservice
  - -Transfers and Lifts for Caregivers.

- Inservices were also given to community groups:
  - -Fitness and Exercise inservice to a TOPS group
  - -Back Care and Fitness to a local church group
  - -School visit and inservice to teachers on handling a child with cerebral palsy.
  - -Presentation on physiotherapy to highschool students during Career Day.

In November I had the pleasure and privilege of having a fourth year student from the University of Saskatchewan. As part of a students training they must work with therapists in different settings. The student was with me for a total of four weeks. My student told me that he thought community therapy just involved going to peoples'

homes, drinking a lot of tea and eating many cookies. By the end of his term he was amazed at how indepth community therapy really was. He realized the challenge of working with so many different allied health professionals. He noted how important just fifteen minutes of education can be to someone and how we can really make a difference. In short the student learned a great deal about Community Therapy and I certainly learned from his experience.

I look forward to another year of service in the community setting. However, for various reasons, I started part-time instead of working full-time. This commenced on March 1, 1990, and I am hopeful that another Community Therapist will soon fill the void I've left.

REPORT OF THE DENTAL HEALTH EDUCATOR PROGRAMME

- Mrs. Sheree Nicolay

The role of the Dental Health Educator is to promote dental health education in the community. We also act as consultants to individuals or groups who request information (e.g. teachers, parents, seniors, children, health professionals, minor sports associations). The program is staffed with one dental health educator and is in the third year of operation.

The Dental Health Education Program provides services to the City of Moose Jaw and surrounding rural areas. The school divisions in the area are as follows:

1. Moose Jaw Public
2. Moose Jaw Separate
3. Thunder Creek
4. Wood River (excluding Glen Bain, Aneroid and Vanguard)
5. Gravelbourg
6. Davidson (Eyebrow only)
7. Prairie View (Avonlea, Ogema only)
8. Assiniboia
9 Borderland

Elementary School Dental Health Programme

The emphasis of the program remained on school children. The program consists of kindergarten to grade 6 students. The topis we cover are:

1. Types of teeth and function.
2. Roles of teeth.
3. Tooth eruption.
4. Differences between baby and permanent teeth.
5. Plaque - definition, location.
6. Importance of fluoride.
7. Visit to the dentist.
8. Brushing/Flossing techniques.
9. Periodontal Disease.
10. Diet and Dental Health.
11. Tooth structure.
12. Dental Safety/First Aid/Protection
13. Dental Products.

The children receive brushes or floss, coloring sheets or pamphlets to take home.

Fluoride Mouthrinse Programme

The objective of this program is to reduce dental cavities by weekly swishing of a fluoride solution. These programs are available to all schools where the fluoride level in the water is below one part fluoride per million parts of water.

Dental Health educators provide schools with all the supplies, consultations and workshops necessary to operate a fluoride mouthrinse program independently.

In June, 1989, "Certificates of Appreciation" were sent to all schools participating in the fluoride mouthrinse program. Communities participating in the fluoride mouthrinse program are:

Bengough	Grades 1 - 6	138 Students
Coronach	Grades 1 - 6	148 Students
Rockglen	Grades 1 - 6	127 Students
Willow Bunch	Grades 1 - 6	113 Students

Preschool and Daycare Centres

Charlie Chew and Gary the Gopher are the theme characters for the preschool kit. The kit contains dental health material for use by daycare, preschool workers upon request. The kit includes an instruction manual, storybooks, activities, songs, large mouth model with brush, posters, pamphlets, tooth stamp, dental mirror, in addition to toothbrushes and coloring sheets for each child.

Special Presentations

The caregiver students at Extendicare, Moose Jaw, received a presentation on dental concerns of their elderly patients. Topics covered included: plaque, process of periodontal disease, how health care workers can maintain oral health of patients, dental aids useful to disabled adults, care of dentures, and brushing/flossing demonstration. The special education class at Palliser Heights School requested a dental health presentation January, 1990. A presentation on plaque and brushing/flossing technique was done.

Dental Health Month

April is designated as Dental Health month and is a busy time of the year as we become involved in projects to make the public more aware of their dental health. A storybook "A Walk with Charlie Chew" written by three dental health educators was used as part of the month's promotional activities and draws for these books were done at our displays.

1. Dental Health Promotional Displays - Displays were set up in the following areas:
   Town -n- Country Mall - Moose Jaw
   Palliser Library Storyhour - Assiniboia

2. Letters and articles for school newspapers were sent to 55 schools in the region. The articles on various topics of dental health for children and parents.

3. Articles are sent to daily and weekly newspapers during the month to also promote dental health in the community.

Program Development

Activities for the year again revolved around research and lesson planning. Visual aids were designed and prepared. Ideas for new pamphlets were submitted. This remains an integral part of our program as it changes and evolves in the futures.

Dental Health Program Statistics

Number of schools visited - 60
Number of classrooms visited - 393
Number of students - 7,866

REPORT OF THE DIRECTOR OF REGIONAL SUPPORT SERVICES

- Mr. A. W. Tkatchuk

This report, the second annual overview regarding the major activities of the Director of Support Services in relationship to the Regional Board, Regional Office, and special project assignments which I was involved with in the past year.

SERVICES TO THE BOARD:

I was impressed by the initiative and interest with which the Board carried out their activities in the past year. I would like to thank the Board Chairman, Mr. McGregor, and all Board Members for their cooperative spirit shown in working with my office. You should be congratulated on your initiative shown in becoming involved in upgrading CHC facilities in your community, pursuing municipal board representation appointments and stressing greater visibility of the Regional Board role in the community through media releases. The future looks even more challenging with revision to the Everyone Wins Community Grant Program which will be managed by the Regional Board of Health.

REGIONAL ACTIVITIES:

This was a very active year with many changes in administrative roles in the region along with the appointment of a new Executive Director, Jane Knox. I join the region in welcoming Mrs. Knox's appointment, her keen interest in Community Health along with her sensitivity to regional concerns will undoubtedly challenge all regional staff to work toward the improvement and expansion of preventative health initiatives in the Health Region.

In 1989 - 1990 we have seen changes in regional administration with the implementation of computerization. This technology will assist the region with work simplification in streamlining office and report writing procedures as well as data and statistic recording.

Capital equipment was purchased in the form of new audiometers, audio-visual equipment, some fridge replacements and small program delivery items. Photocopying access was improved in district offices; the regional office plans to install a larger, more time efficient unit. Improved phone systems were installed in district office to facilitate improved communications.

Space and accommodation in regional offices, district offices, and CHC's were addressed. A space committee was

struck in the region. Prime focus of the renovation is to address the consolidation of clerical reception for efficiency and improved client service, respond to Speech and Language needs as well and the Nursing Department.

The Serving People First committee have been active in bringing forth ideas and suggestions for improved client service delivery. I thank the committee for their cooperative spirit shown in addressing short term and long term goals. We have had success in obtaining committee support for expanded clerical staffing and regional space needs. This assisted management in obtaining branch recognition and support for these initiatives.

The Everyone Wins Student Program was administered in the region in 1989. This program allowed students to cover both Moose Jaw and Swift Current Health Regions visiting small communities to give greater visibility to the Everyone Wins Programs in schools, nursing homes, aged facilities as well as sports and recreational gatherings which community residents attended. We hope that this program allowed the regional residents to gain a better appreciation for the initiative in the promotion of a healthier lifestyle.

I wish to thank the Regional Director and fellow Community Health Staff for their support and cooperation I received in the past year. In particular the extra-ordinary effort shown by our clerical staff who gave of themselves fully to assist all programs in meeting their communication and clerical requirements.

SPECIAL PROJECTS INVOLVED WITH AT THE REGIONAL, BRANCH, DEPARTMENTAL LEVEL:

- Developed a feasibility study for improved photocopy access for all regional offices and district offices in the province through the cooperation and coordination of fellow D.R.S.S.'s.

- Acted as a facilitator for the Serving People First Seminars.

- Member of the Human Resource Task Force in Health: addressing the challenges encountered in staffing procedures in Health.

- Member of the Work Simplification Study Group: addressing streamlining of staffing procedures and appeal processes.

- Chairman of the Task Force Community Health: addressing revision to administrative procedure and staff responsibilities.

FUTURE OBJECTIVES FOR THE REGION:

- Gain the most effective advantage of computerization in the Health Region.
- Address regional space needs.
- Enhance Serving People First Committee work.
- Address staff recognition policy and procedure in the region.
- Support the Board in managing the Everyone Wins Community Grant Program.

I found 1989 - 1990 challenging, and realized a great degree of job satisfaction in achieving many regional achievements. I also look forward to 1990 - 1991 with anticipation for bigger and better things to come to the region in new prevention initiatives.

REPORT OF THE EARLY CHILDHOOD PSYCHOLOGY PROGRAMME

- Ms. Suzanne Schulz

The Early Childhood Psychologist position for Swift Current and Moose Jaw Regions had remained open for one and one-half years previous to July 1989. Given this, the nine months since my arrival in Swift Current have been a busy time. Initially the focus of attention was directed to orientation, to consultation with other staff members of Community Health Services Branch and to organizing two offices - for Swift Current and Moose Jaw.

In both offices this involved assembling essential files, test kits and resource materials. The process of identifying the core caseload required a review of all files so that all clients were accounted for and placed on an updated waiting list or were discharged if services were no longer required because of such things as, a child reaching school age, a family move or a transfer of services to another agency. Visits were made to Public Health Nurses in District Offices throughout the two regions while, in Swift Current, attention focused on the task of developing Swift Current as the Early Childhood Psychologist's Headquarters.

In the fall of 1989, the original core caseload was pared down to twenty-one in Swift Current and to sixty-two in Moose Jaw. These numbers represented preschoolers most urgently in need of assessment because already serious situations had been compounded by a long wait for services. Cases were priorized according to type and severity of presenting problem (Table I).

Children were most likely to receive direct services from the Early Childhood Psychologist if their presenting problems fell into Type A or Type B categories. After assessment these children generally were referred to services already available for on going developmental programming. These services included other preschool services available through Community Health Services Branch, the Early Childhood Intervention Program and centre-based regular, or special needs programs (eg. in preschools, nursery schools or day cares). Initially, any attendant behaviourial concerns were handled by sending resource materials on to parents via the mail or another Community Health Services Branch personnel. Time constraints prevented more in-depth follow-up. Where a preschooler's behaviour was shown to be a Type C (eg. family - related) problem, the family was referred to Social Service's Community Living or Child and Youth Divisions, to Mental Health or to community based agencies, such as Moose Jaw Family Life Centre.

Following this, by the end of 1989, services to children and their families were more evenly distributed across assessment, counselling, case conferencing and consulting services. On going parent - child counselling had been initiated, admissions to early school entrance had been accepted and case management and program goals were being provided for other children.

A turning point was reached in the new year. In Swift Current the waiting list had been reduced to the point where referrals could be served within a month of their acceptance to the caseload. Therefore, the emphasis of the work shifted to more consultative services and more follow-up therapy for children assessed. This emphasis has been expanded further to include professional development for Day Care Staff in Swift Current. Inservices have introduced Day Care staff to complete developmental programs appropriate for use with various Special Needs children. Other inservices have shown staff members how to discipline and encourage the positive development of children with special behaviourial problems. Requests to participate in Public Education events now are being accepted and entered onto the calendar. In addition, regular monthly visits now are being made to Shaunavon and Maple Creek district offices to provide local services to parents and children in Swift Current Region. And the number of referrals again is increasing in Swift Current Region.

Statistics show, when referrals for Swift Current increase, how there is a proportionate decrease in demand for services in Moose Jaw (See Table II). This shift toward factors may account for it.

1) There may be a correlation between number of Early Childhood Psychologists and use of services*: Moose Jaw was previously served by a fulltime psychologist who was later shared with Swift Current Region. This reduced the number of Early Childhood Psychologists from 1.0 to 0.6 in Moose Jaw. In effect, the 0.6 position was reduced further to 0.4 when the present Early Childhood Psychologist was headquartered in Swift Current.

   *(This type of correlation has been reported in regard to the number of physicians and use of medical services in Saskatchewan - see Murray Commission Report, 1990)

2) There may be a correlation between available working hours and demand for services per Region. Fewer working days (2 per week) are spent in Moose Jaw than in Swift Current. Therefore, travel time, attendance at meetings and administrative tasks may be equally divided between regions yet take up a greater proportion of work time available in the second region (see Table II).

3) There may be a correlation between the waiting period for services and the demand for services per region: Because of time constraints, there is a lag in delivering the same type of services to Moose Jaw as to Swift Current. In the interim needs go unmet or alternative services are pursued. In some cases Moose Jaw area families travel out the region, or even move out of province to obtain services. Conversely, Swift Current area families who previously travelled to Alberta now may be more likely to seek services in Saskatchewan.

The Early Childhood Psychologist will continue to develop new initiatives in Swift Current, with a view to their transfer to Moose Jaw Region.

The following initiatives are planned for the coming fiscal year, as resources allow:

a) To develop services to Moose Jaw Region (eg. regular District Office visits).

b) To explore possibilities arising out of the Special Education and Technologies Conference attended in Saskatoon. These possibilities include accessing programs for special needs children through a computer network. Fiscal requirement: purchase of a modem.

c) To institute a file of resource material relating to general parenting concerns which may be accessed by Community Health Services Branch Personnel both in Swift Current and in Moose Jaw for distribution to parents (eg. material on toilet training, sleep problems, childhood fears). Fiscal requirement: xerox materials and some clerical support to keep files stocked.

d) To develop play therapy as a more viable assessment tool by establishing an appropriate collection of toys, puppets, family dolls and furniture in each region. Fiscal requirement: purchase of collection.

e) To develop an effective model for intra - and inter agency case management.

f) To assess the demand for Early Childhood Psychology services to Type C category (see Table I - children with delays in families at risk). And, then, in consultation with Social Services and Mental Health workers, to develop a more effective method for delivery of Early Childhood Psychology Services to these children and their families.

g) To explore the feasibility of a team approach to servicing rural areas.

To summarize, a total of 282 direct services with or for children were provided from September 1, 1989 to March 31, 1990. It is expected that the demand for services will increase further still as Public Education activities increase. It is projected that more of the increase will come from within Swift Current Region, than Moose Jaw Region.

TABLE I

TYPE AND SEVERITY OF PRESENTING PROBLEM

Type A: Children With Known Handicap

1. Congenital anomaly
   a) Major (probability of permanent disability) eg: Down's Syndrome.
   b) Moderate (correction may be possible) eg: cleft palate.

2. a) Major handicap acquired during first five years of life (probability of permanent disability) eg: Cerebral Palsy, severe brain damage.
   b) Moderate handicap acquired during first five years of life (correction may be possible) eg: loss of limb.

Type B: Children With Observed Delays And Attendant Developmental Risk Factor(s)

3. Low Birth Weight
   a) Major (0 - 1499 gm)
   b) Moderate (1500 - 2499 gm)

4. Complications of pregnancy
   a) Major (infections that can be transmitted in utero and may damage the fetus) eg: rubella
   Major (drugs) eg: alcohol abuse diagnosed in mother.

5. Complications of labour and delivery
   a) Major (earliest recorded signs show serious delay) eg: very low apgar score.
   b) Moderate (infant trauma or illness) eg: convulsions, respiratory distress syndrome.
   c) Mild (labour requiring use of forceps) eg: breech delivery with forceps.

6. Family history of a handicap detectable after birth eg: deafness, mental retardation.

7. Developmental concerns not already covered in any above category.
   a) Major (seriously delayed development in first five years) eg: previous assessment completed.
   b) Moderate (delay apparently acquired in first five years) eg: illness, trauma.

Type C: Children With Observed Delays And Attendant Risk Factor(s)

8. Age of mother

a) Major (15 and under)
b) Moderate (16 or 17)

9. Social Situation
   a) Major (father not resident and no support)
   b) Moderate (father not resident and supportive but no other social support, or severe isolation by language or geography).

10. On social assistance or financial difficulties.

11. No prenatal care before sixth month.

12. Mental illness or retardation in mother and/or father resident with child.
   a) Major (may have made traumatic or cumulative impact to developing child) eg: post-partum depression, schizophrenia or manic depression.
   b) Moderate (may have imposed limits on parenting skill level) eg: mental retardation.

13. Prolonged maternal-infant separation.
   a) Major (emotional distance) eg: lack of eye contact, minimal verbal interaction and touching initiated by mother.
   b) Moderate (physical distance) eg: separations of five days or more due to post-partum complications, infant hospitalizations.

14. Three or more hospitalizations in a year in absence of known handicap or chronic illness.

15. Other - may be major, moderate or minimal in severity - eg: marital distress, low education status, failure to thrive, difficulty raising an older child.

(*Adapted from Nursing Risk Assessment, J. Helen Parkyn, Director of Nursing, Preventative Services British Columbia Ministry of Health.)

TABLE II

STATISTICS

NUMBER OF CASES PER REGION AS A PERCENTAGE OF TOTAL CASELOAD

	Total	Swift Current	Moose Jaw
September 30, 1989	100	33	67
December 30, 1989	100	40	60
March 30, 1990	100	40	60
April 30, 1990	100	45	55

TABLE III

STATISTICS (SEPTEMBER 1, 1989 TO MARCH 31 1990)

A. WORK ACTIVITIES AS A PERCENTAGE OF TOTAL TIME

ACTIVITY	TOTAL	SWIFT CURRENT	MOOSE JAW
Casework/ Case management	44	44	43
General Consultation	12	14	11
Early Childhood Intervention Program	3	3	3
Public Education	2	2	2
Research	2	2	2
Inservice	1	1	1
Professional Updating	3	4	3
Travel	11	7	15
Administration	22	23	20
TOTAL	100	100	100

B. CASELOAD MANAGEMENT

Total Number or Direct ECP Services With or For Children	282	150	132
Average Number of Direct ECP Services Provided Per Month	40	21	19
Average Monthly Caseload	89	33	56
Number of New Referrals	84	34	50
Number of Discharges	62	14	48
Caseload on April 1, 1990	102	42	64

C. REFERRAL SOURCES

Public Health Nurse	41	15	26
Speech and Language	20	5	15
ECIP	6	4	2
Parent/Guardian	9	4	5
Others	8	6	2

*Statistics for both regions kept from September 1989. Previous statistics available for Swift Current only.

REPORT OF THE PUBLIC HEALTH INSPECTION PROGRAMME

- Mr. John Bower

Staff

In June of 1989 Tim Ness began a three month field training session in this Health Region. He is a native of Winnipeg and took his formal schooling at E.C.I.T. in Vancouver. In October of 1989 Tim accepted a full-time position with this Health Region Headquarters in Moose Jaw which thus brought us up to filling the budgeted positions we have.

In March 1990 Robert Blatchford left the Department thus creating a vacancy in our Assiniboia Office. We hope to fill this as quickly as possible perhaps in the fall.

Hugh Coupland continues as an inspector in Moose Jaw and with responsibility for facilities in the Assiniboia District. Hugh will be retiring during 1990 so we could have two vacancies in inspection or only one inspector on staff if you prefer.

I am still concerned that the Moose Jaw Health Region does not have an adequate staff allocation. It is very difficult to provide all of the services to a population of 70,000 people with only three people and a part-time Senior Inspector. I have approached the Branch with a request for an additional inspector position and have been assured that Moose Jaw in a priority if and when new positions are created.

Problems

Complaint of poor water quality in a small community required the expenditure of considerable amounts of time this year. The complaint involved allegations of a contaminated source, poor operation of equipment, and lack of planning for a new source.

Water analysis results have failed to demonstrate problems with the water but we continue to monitor the results.

We have experienced a few problems with people not applying for licences prior to opening restaurants in the region. Besides the legal implications people often don't realize that an inspector can provide assistance in planning construction and renovations and in some instances can save operators money. If you hear of new business in your area that we regulate please encourage them to talk to us.

While not a new issue, inspectors are involved in placarding of sub-standard housing. In most cases we encourage municipal governments to placard under the authority as they

can take action if an owner refuses to rectify problem. Inspectors placarded a five suite apartment and a single family dwelling last year.

During the spring of 1989 we received quite a few calls enquiring about Lyme Disease. While there is no proof that the infection is in Saskatchewan there have been reports from Manitoba and Alberta. Lyme Disease is spread through deer ticks (related to wood ticks) and can cause a wide variety of symptoms which makes it difficult to properly diagnose.

Programs

We continue to see a good response to our Food Handlers Schools. Classes were offered as follows:

Gravelbourg	May/89	17 people
Moose Jaw	June/89	11 people
Assiniboia	June/89	12 people
Moose Jaw	June/89	24 people
Moose Jaw	June/89	20 people
Assiniboia	October/89	19 people
Assiniboia	October/89	13 people
Moose Jaw	October/89	30 people
Herbert	February/90	18 people
Moose Jaw	February/90	48 people
Assiniboia	February/90	24 people

A total of eleven courses were held with 253 successful participants. We continue to work towards implementing Section 10 of the P.E.E. regulations which requires trained staff in food service facilities.

One Pool Operators Course was offered in 1989. Five people with the new pool at College Mathieu successfully completed the course. We had put on a region-wide course in 1988 which was well attended so we felt we would not have much success attracting people. We'll run a course in spring 1990.

The issue of the use of plastic pipe in non single family dwellings appears to have been settled once and for all. Plumbers are now able to run plastic in commercial buildings if they use approved fire stop devices. The Fire Commissioners Office has agreed to provide guidance on where the devices are to be located.

PUBLIC HEALTH INSPECTORS STATISTICAL REPORT

1989 - 1990

Facility Type	Number of Facilities	Percentage of time Spent
Public Eating Establishments	268	12 %
Food Distribution	132	3
Food Processing	23	1
Legion Outlets	55	2
Private Water Supply	--	1
Public Water Supply	47	1
Private Sewage System	--	1
Hospitals	12	0
Schools	75	0
Institutions	29	2
Housing	--	2
Mobile Home Parks	6	>1
Trailer Courts	4	>1
Hotels	39	>1
Motels	21	>1
Swimming Pools	59	4
Personal Service Facilities	44	0
Recreational Facilities	82	3
Plumbing	--	6
Investigation	--	2
General Services	--	25
Office Services	--	26

*Note: If 0% is indicated this signifies that fewer than 50 hours were spent over the year - not that no work was done.

REPORT OF THE PUBLIC HEALTH NURSING PROGRAMME

- Mrs. Donna Robinson

In 1989 the staff changes were as follows: In the Gravelbourg Office Leslie Gavelin took maternity leave in August 1989, and resigned in April 1990. That position has been filled on a full time temporary bases by Karen Lehman.

In the Moose Jaw Office Kathy Filipowich took maternity leave and the position is being filled by Helen Molde and DeLee Vataman filled a vacant position, in August 1989.

In the Assiniboia Office two positions became open, which were filled in December 1989, by Debbie Monea and Leisa Vaessen. All Public Health Nurse I positions are filled.

The Regional Nursing Supervisor Joan Whiteside from Swift Current began a two year education leave in September 1989. Donna Robinson then accepted a temporary performance of higher duty from the Public Health Nurse II to Acting Regional Nursing Supervisor for both Swift Current and Moose Jaw Health Regions. The Public Health Nurse II vacancy was then filled on a full-time temporary performance of higher duty basis by Charlotte Miller from the Regina Rural Health Region.

It is anticipated that this situation will be revised in the early 1990 fiscal year as the senior management position of these two health regions are filled. As follow-up to the last board meeting on March 19, 1990, please allow me to introduce the Public Health Nurse's by District Offices.

In April, 1989 the Public Health Nursing Support Program for Pregnant Adolescents was introduced into the Health Region. The Public Health Nurses have always provided prenatal services to adolescents, but in April a manual was developed with very specific measurable goals and strategies. The literature documents specific risks associated with adolescent pregnancy, especially for females under 18 years of age. Risks identified pertain to the health and well-being of the mother as well as the fetus and later, the infant. Our target population is adolescents under 18 years of age. The goals for this program are as follows:

- To identify pregnant adolescents as early as possible. The program was promoted among physicians, social workers, education personnel in an effort to solicit referrals to the program.

- To provide health education and counselling to pregnant adolescents and their significant others in order to promote the healthiest pregnancy outcome possible.

- To provide support (education and counselling) postnatally to the adolescent and significant others.

The objectives of the program are:

- To admit 50% of pregnant adolescents to the program by 1990.
- To respond to 100% of referrals to the program within two weeks of receipt of referral.
- To meet with the adolescent and significant others a minimum of once per month.
- To provide a postnatal home visit within two weeks of delivery and a subsequent home visit within one month of delivery.

The Public Health Nurses in the Moose Jaw Health Region received and followed 25 referrals for pregnant adolescents.

From April - December, 1989 the Public Health Nurses conducted an evaluation of the Communication Questionnaire that they administered to all three-year-olds who attended Child Health Conference.

The nurses had a target population of 926.25 children in the health region. They screened a total of 513. Of that number, 65 failed the questionnaire. The Public Health Nurses, in fact, screened 55.9% of the target population. This is a very commendable job.

January 1, 1989 a Vision Screening Program was introduced. The Public Health Nurses screen all four-year-olds at Child Health conference for visual acuity and defects of binocularity due to amblyopia/strabismus. Strabismus is the failure of two eyes to simultaneously direct their gaze at the same object. Amblyopia is the inability to achieve at least 20/40 in one eye, despite correction with glasses for a refractive problem and in the absence of any definitive pathology in the eye or central nervous system. The six-year-olds and the nine-year-olds are screened for visual acuity in school. This program is being evaluated in 1990.

A registered nurse, Nancy Philips was hired August 1989 - January 31, 1990 to conduct the Saskatchewan Heart Health Survey in the Moose Jaw City and adjacent rural district. Several other nurses were also hired in the province. The reasons for undertaking this survey were:

- To obtain valid baseline information at the provincial level to document the nature and extent of cardiovascular disease risk factors in Saskatchewan.

- To support development of health promotion and the prevention of cardiovascular disease in Saskatchewan.

- To demonstrate to other jurisdictions in Canada and abroad, how the Public Health system through regional cooperation and with support of local resources can effectively carry out the epidemiological assessment

and eventually the planning, implementation and evaluation of cardiovascular disease prevention programs.

Approximately 70 people were involved in the survey in the Moose Jaw area. The survey consisted of a home visit to conduct a questionnaire and then a clinic visit at which time a blood sample was drawn and another questionnaire was completed.

Five Public Health Nurses attended the continued Education Conference for Public Health Nurses in Practice in Saskatoon in May 1989. This started a new three-year term. The theme is "Promoting the Health of Children and Adolescents in the Family Context."

Four University of Saskatchewan "College of Nursing" students spent four weeks in our region in June, 1989. These students were teamed with a Public Health Nurse who provided supervised work experience.

Thirty-one WIASS "Nursing" students had observational experience, throughout the year, in the areas of prenatal classes, postnatal home visits and Child Health Conferences.

All Public Health Nurse's attended a one day seminar October 24, 1989 on Peek Performance. The purpose of this seminar was to enhance the skills of the staff in order to serve the public more efficiently. It also benefited all staff in that they were given an opportunity to communicate ideas as well as emphasizing personal development.

I have been encouraged over the past year by the support from you "The Board Members". Because of your direct input, two of the volunteer CHC sites have been upgraded. eg: Ogema and Rockglen. This is a great start in meeting the standardization for facility sites. Thank you.

Our Public Health Nurse's continue to provide high quality service and I commend them. Because we, in this region function as a team I would like to recognize all of our disciplines who make it work and especially our support staff who have over extended themselves so that service delivery would continue.

SELECTED STATISTICS FOR APRIL 89 - MARCH 90

	TOTAL
Total Number of Nursing Days	2,928
Total Number of Home visits	1,841
Total Number of Postnatal Home visits	775
Total Number of infant/preschool appointments in Child Health Conference	6,260
Total Number of mothers seen at Prenatal Classes	132
Total Number of fathers seen at Prenatal Classes	126
Total Number of Prenatal Home visits	48
Total Number of Births	978
Total Number of students seen re: Health Counselling	319
Total Number of students immunized at	
age: 14 (Boosters of Td & OPV	973
age: 11 (Girls for MMR)	121

TOTAL NUMBER OF VITAL EVENTS OCCURRING IN SASKATCHEWAN IN 1989
BY HEALTH REGION

HEALTH REGION	BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
TOTAL FOR PROVINCE	16572	7861	129	79	114	52	7.78	6.86
# 1 SWIFT CURRENT	503	357	5	4	6	3	9.94	11.86
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	978	623	9	6	7	2	9.20	7.14
# 3 WEYBURN-ESTEVAN	674	467	6	3	3	1	8.90	4.44
# 5 REGINA RURAL	926	605	3	2	2	2	3.24	2.16
# 7 ROSETOWN-BIGGAR-KINDERSLEY	606	300	6	3	6	3	9.90	9.85
# 8 SASKATOON RURAL	678	303	5	4	6	2	7.37	8.82
#10 YORKTON-MELVILLE	913	831	3	2	3	1	3.29	3.28
#11 MELFORT-TISDALE	925	648	8	5	12	7	8.65	12.88
#12 PRINCE ALBERT	1363	660	14	8	7	3	10.27	5.12
#13 NORTH BATTLEFORD	1482	605	9	4	8	6	6.07	5.38
CITY OF REGINA	3089	1039	27	18	21	6	8.74	6.79
CITY OF SASKATOON	3300	1167	17	10	21	12	5.15	6.34
NORTHERN SASKATCHEWAN	780	118	14	8	10	3	17.95	12.77
OUT OF PROVINCE	355	138	3	2	2	1	8.45	5.62

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1989
BY MOTHER'S AGE, MARITAL STATUS AND HEALTH REGION

		TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
TOTAL FOR PROVINCE	TOTAL	16572	29	1656	4327	6314	3345	801	95	5
	MARRIED	12107	1	233	2638	5429	3017	704	80	5
	OTHER	4465	28	1423	1689	885	328	97	15	
# 1 SWIFT CURRENT	TOTAL	503		29	114	240	90	28	2	
	MARRIED	437		4	92	231	83	25	2	
	OTHER	66		25	22	9	7	3		
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	TOTAL	978		77	284	378	190	43	5	1
	MARRIED	796		15	223	342	174	37	4	1
	OTHER	182		62	61	36	16	6	1	
# 3 WEYBURN-ESTEVAN	TOTAL	674	1	48	177	298	126	21	3	
	MARRIED	564		8	137	276	120	20	3	
	OTHER	110	1	40	40	22	6	1		
# 5 REGINA RURAL	TOTAL	926	1	93	262	350	180	36	4	
	MARRIED	700		18	164	312	167	36	3	
	OTHER	226	1	75	98	38	13		1	
# 7 ROSETOWN-BIGGAR-KINDERSLEY	TOTAL	606	1	30	135	262	139	31	8	
	MARRIED	529		6	107	245	133	30	8	
	OTHER	77	1	24	28	17	6	1		
# 8 SASKATOON RURAL	TOTAL	678		35	168	259	173	39	4	
	MARRIED	612		15	142	247	167	37	4	
	OTHER	66		20	26	12	6	2		
#10 YORKTON-MELVILLE	TOTAL	913	2	72	245	354	178	54	7	1
	MARRIED	744		16	179	325	166	50	7	1
	OTHER	169	2	56	66	29	12	4		
#11 MELFORT-TISDALE	TOTAL	925		80	293	364	146	37	5	
	MARRIED	723		18	199	330	136	35	5	
	OTHER	202		62	94	34	10	2		
#12 PRINCE ALBERT	TOTAL	1363	4	190	410	467	231	56	4	1
	MARRIED	845		27	218	360	190	46	3	1
	OTHER	518	4	163	192	107	41	10	1	
#13 NORTH BATTLEFORD	TOTAL	1482	3	181	452	526	258	56	6	
	MARRIED	956		21	247	419	220	43	6	
	OTHER	526	3	160	205	107	38	13		
CITY OF REGINA	TOTAL	3089	4	295	724	1215	667	161	23	
	MARRIED	2211		24	380	1042	607	140	18	
	OTHER	878	4	271	344	173	60	21	5	
CITY OF SASKATOON	TOTAL	3300	6	287	737	1265	796	196	12	1
	MARRIED	2464	1	45	426	1094	717	171	9	1
	OTHER	836	5	242	311	171	79	25	3	
NORTHERN SASKATCHEWAN	TOTAL	780	4	212	247	196	95	19	6	1
	MARRIED	247		12	67	87	63	12	5	1
	OTHER	533	4	200	180	109	32	7	1	

REPORT OF THE PUBLIC HEALTH NUTRITION PROGRAMME

- Miss Laurie A. Wadsworth

During the 1989 - 1990 year, the Nutrition Program continued to promote optimal nutritional health for the community through provision of a wide variety of educational services. This was achieved through professional consultation and inservice, group education sessions, media promotional activities, resource development and revision and continued program planning.

The Public Health Nutritionist remained responsible for the nutrition program administration and service delivery for two health regions, Moose Jaw and Swift Current.

A summary of activities and progress during the past year follows.

1. Heart Disease remains the number one killer of adults in Canada. The impact of the Canadian Cholesterol Consensus Conference has been evident this past year. Demand for information and consultation regarding diet and heart health has been staggering. In response, the Public Health Nutritionist chaired a committee responsible for development of the two part workshop series, "Eat Smart For Your Heart".

   Reaction from the public to this workshop series has been favourable. Demand for these presentations has been positive, with several events planned for the coming year.

2. National Nutrition Month, March 1990, focused on low fat eating styles through the promotion of a cookbook written by the Canadian Dietetic Association. Provincially, the Public Health Nutritionist offered "Eat Smart" grocery store tours. This project will be carried forward with tours given to groups on demand.

3. From April to July, an innovative Nutrition Display toured the province. Response from visitors to the "Nutrition Park" was very favourable. Often regional personnel staffed the display, providing an excellent opportunity to increase the Branch profile in the community.

4. In mid-March 1990, the revised nutrition recommendations for Canadians were released by the Honourable Perrin Beatty, Minister of National Health and Welfare. This document contained definitive statements on the fat, carbohydrate and sodium content of the Canadian diet as well as recommendations pertaining to the alcohol and

caffeine content of the diet and local water fluoridation. For the general public these recommendations have been translated into Canada's Guidelines for Healthy Eating. The report also contained extensive recommendations for action by various government and private sectors. It is hoped that this document will further enhance the trend towards healthier communities.

5. In response to the Public Health Nurse's Nutrition Education Needs Assessment conducted a year ago, a monthly newsletter was implemented. Topics deal with areas of concern as identified by Public Health Nurses.

6. During the past year, all of the nutrition tearsheets/handouts for parents of preschoolers were rewritten. The new topics covered were a result of a survey of health professionals. These teaching aids will be instituted throughout the coming year.

7. Further to the preschool years, Canadian Guidelines - Promoting Nutritional Health During the Preschool years was published. This was a joint project of the National Institute of Nutrition and the Federal government. This publication fills a much needed gap in nutrition guidelines for children.

8. Group presentations were provided to fourteen groups comprising 302 individuals. The high demand for nutrition services continued, resulting in the provision of professional consultation, resources and counselling to 378 individuals, agencies and special groups.

   Due to the shared responsibilities of two health regions there has been a marked increase in the amount of consultation and technical support provided.

NUTRITION PROGRAM STATISTICS

1989 - 1990

	TOTAL
NUTRITION EDUCATION AND INSERVICE:	
Number of Groups	14
Attendance	302
Public Health Nurses Newsletter	9
ORIENTATION:	
Number of Sessions	4
Attendance	6
MEDIA AND NUTRITION PROMOTION:	
Press Releases	
Number Researched and Written	5
Number sent to Newspapers	36
Number Columns Edited	31
Number of Media Interviews	2
Displays	1
Resource Development	4
Resource Review	24
Resource Revision/Editing	17
PROFESSIONAL CONSULTATION/TECHNICAL SUPPORT:	
Health Professionals	162
Educators and Students	12
Lay Public	151
INDIVIDUAL CLIENT CONCERNS:	
Consultation	29
Screened/Assessed	1
Counselled	23
SPECIAL PROJECTS:	
Prenatal Screening Committee	
"Eat Smart For Your Heart" Committee	
Nutrition Programme Computer Use Committee	

REPORT OF THE SPEECH AND LANGUAGE PATHOLOGY PROGRAMME

- Mrs. Lori Durand & - Mrs. Bonnie Robertson

The purpose of the Speech and Language Pathology Program in Community Health is "to provide leadership in the early identification, early intervention and prevention of communication disorders.

We work primarily with preschool children and their families. The children we see may:

- be delayed in starting to talk
- have speech which is difficult to understand
- have difficulty understanding what others say to them
- have trouble organizing their ideas into sentences
- be stuttering
- have voice problems.

Research has found that the amount and way in which parents and caregivers talk to their children are of extreme importance. With this in mind, we work closely with the parents, teaching them the skills they need to help their child develop effective communication skills.

STAFFING

Staffing remains at one and a half positions. Lori Durand works full time and provides services to clients in South and East Moose Jaw, Assiniboia, Gravelbourg and Morse. Bonnie Robertson travels out from Regina Rural Health Region to service Northwest Moose Jaw and Central Butte clients.

There are presently 148 children on caseload. The average wait for an initial assessment is four months. This lengthy waiting period is of concern. We are presently exploring alternative service delivery models both locally and provincially in the hopes this waiting period can be reduced somewhat.

PROGRAM DELIVERY

Preschoolers:

Services to preschoolers and their families are provided in a variety of ways. These include:

- individual therapy for child and parents
- special needs programs at daycares
- home programs
- parent information and training sessions.

This past year our focus has moved more towards the family unit rather than the individual child. We initiated group parent training sessions for families of children with speech problems. The program was held in the evening to accommodate both parents. It proved to be a very effective way of providing information and support to these families.

Speech and Language Pathologists throughout the province worked closely this year with the Public Health Nurses to design and implement a province wide communication screening program. As part of a child's three year visit, the Public Health Nurse completes a Communication Questionnaire and discusses a referral to a Speech and Language Pathologist whenever necessary. Data has been gathered and the effectiveness of this tool will be evaluated by mid 1990. Preliminary results are favourable.

In order to provide the best service possible to our clients we continue to work closely with the Early Childhood Psychologist, Early Intervention Teacher, Public Health Nurses, Physicians and Special Needs Workers at daycares.

ADULTS

Provincially, Community Health Services Branch continues to sponsor fourteen day residential clinics for adults who stutter. Lori Durand was a clinician at two intensive adult stuttering clinics and two refresher weekends in Fort Qu'Appelle this year.

This program has proved very successful in providing help for adult stutterers. Community Health Speech and Language Pathologists provide regular therapy in the client's home region for at least one year following the clinic. As well, refresher weekends help the client maintain the fluency skills learned at the clinic.

Because of time constraints, services to other adults are minimal. Adults are referred for a variety of reasons including aphasic following a stroke, voice disorders, hearing loss, mental retardation, brain injury of laryngectomy following throat cancer. The average waiting period for an initial assessment is at least six months. Once an adult is evaluated a home program is developed and a caregiver trained to work with them. Some follow-up consultation may also be provided. Lack of adequate services for adults continues to an ongoing concern.

FUTURE CHALLENGES

1. As our focus moves more to the family unit, our therapy space must accommodate larger groups. This isn't possible with the present therapy space. We have

proposed the development of a larger play therapy room to be used in conjunction with the Early Childhood Psychologist. This proposal is currently under consideration.

2. The world of computers can offer exciting possibilities in our work with communicatively handicapped preschoolers. We attended a conference entitled "From Slates to Silicon" which provided a vast amount of information about using the computer as a tool in our work. Computers can be used in many ways once they are adapted for use by preschoolers. Research has found that children make the most progress when standard therapy sessions are followed by computer intervention. The computer is a very effective way to encourage children's speech and language development.

   We have identified at least ten children on our current caseload who we feel would benefit from this type of intervention. Our challenge lies in finding ways to access the necessary Apple Computer and specialized software.

3. Our program's effectiveness is closely related to clerical support. It has been estimated that approximately ten percent of professional time is actually spent completing tasks such as photocopying and filing. The clerical staff have done an excellent job during the past year despite being chronically short staffed and being unable to assign specific staff to the Speech and Language Pathology Program. It is our hope that the coming year will see an increase in support staff to allow us to make the wisest use of all available resources.

In closing, we wish to thank all the staff for their cooperation, enthusiasm and assistance during the past year.

SELECTED STATISTICS

April 1, 1989 to March 31, 1990

A. Distribution of Time:

	LORI	BONNIE
Casework	70.4 %	60.2 %
Public Education	3.0	0.8
Professional Development	6.1	8.9
Administration	12.4	9.0
Travel	8.0	21.1
TOTAL	100.0 %	100.0 %

B. Source of Referrals:

	TOTAL
Public Health Nurse	104
Early Childhood Psychologist	1
Medical Doctor	8
Saskatchewan Hearing Aid Plan	0
Parents	26
Other	19
TOTAL NUMBER OF REFERRALS	158

C. Status of Caseload as of March 31, 1990:

	TOTAL
Waiting for Assessment	47
Waiting for Therapy	7
In Treatment	94
TOTAL CASELOAD AS OF MARCH 31, 1990	148